



Michigan State Housing Development Authority  
Compliance Monitoring  
PO Box 30044  
Lansing, MI 48909

## Customer Service Survey

As part of our continued efforts to improve MSHDA's auditing/inspection process, we need your feedback. Please complete this survey and mail it to MSHDA's Compliance Monitoring Section at the above address or fax it to (517) 241-8471.

Auditor/Inspector Name: \_\_\_\_\_ Auditor/Inspector Company: \_\_\_\_\_

Check the applicable box:

Physical Inspection ☐

Tenant Files Audit ☐

Date: \_\_\_\_\_

### Questions

**Yes** **No**

1. Did the auditor/inspector(s) arrive on time?

Comments: \_\_\_\_\_

☐☐

2. Were the auditor/inspector(s) friendly and polite?

Comments: \_\_\_\_\_

☐☐

3. Did the auditor/inspector(s) communicate with you any problems or concerns they may have had with the properties tenant files and/or conditions of the units?

Comments: \_\_\_\_\_

☐☐

4. Are there any improvements you feel may make the auditing/inspection process easier?

Comments: \_\_\_\_\_

☐☐

5. Any other comments or information you would like to share.

Comments: \_\_\_\_\_

☐☐

6. Would you like MSHDA to contact you about any of the comments you have made above? (If yes, please make sure the contact information is filled out below.)

Comments: \_\_\_\_\_

☐☐

7. Overall, please rate your experience with MSHDA's auditor/inspector (s).

Satisfied

☐

Undecided

☐

Unsatisfied

☐

The following fields are optional:

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Management Company: \_\_\_\_\_

Development Name: \_\_\_\_\_